

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000271

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38

Primary Registration District No. 3006

Registrar's No. 54

STATE FILE NUMBER

AMENDED

Registration District No.

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		c. CITY OR TOWN <b>Stoutland, Rt 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>UNIVERSITY OF MISSOURI Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>Stoutland, Mo. USA</b>	
3. NAME OF DECEASED (Type or print) First <b>Ada</b> Middle <b>Marshall</b> Last <b>Pearcy</b>		4. DATE OF DEATH Month <b>1</b> Day <b>24</b> Year <b>62</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Stoutland Mo. USA</b>	
13a. FATHER'S NAME <b>John Marshall</b>		14. NAME OF HUSBAND OR WIFE <b>Rosie Meek</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Medical Center Hospital Records</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOTENSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>SUBDIAPHRAGMATIC, SUBHEPATIC PELVIC ABSSESSES</b>		<b>2 MONTHS</b>	
DUE TO (c) <b>OLD BOWEL PERFORATION</b>		<b>2 MONTHS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Post RADIATION CHANGES OF BOWEL</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Columbia</b>	
20g. COUNTY <b>Boone</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>JAN 16, 1962</b> to <b>JAN 24, 1962</b> and last saw her alive on <b>JAN 24, 1962</b> Death occurred at <b>10:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert W. Marshall</b>		22b. ADDRESS <b>Univ. of Mo. Med. Center, Columbia</b>	
22c. DATE SIGNED <b>JAN 24 '62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/26/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Lebanon Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Lynne Sprinkle</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 25 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.